09 30 MONTANA COMPREHENSIVE HEALTH ASSOCIATION TRADITIONAL PLAN **EFFECTIVE JANUARY 1, 2009** INDEMNITY OPTION 1000 SCHEDULE OF PREMIUMS **INDEMNITY OPTION 1000** Medicare Carveout 64 & over \$61 \$162 \$640 \$663 \$788 \$772 \$738 \$765 \$772 \$851 \$851 \$851 \$851 \$851 \$851 \$851 \$978 \$1,011 \$1,025 \$1,025 \$1,205 \$1,205 \$1,305 \$1,305 MONTANA COMPREHENSIVE HEALTH ASSOCIATION
TRADITIONAL <u>PPO</u> PLAN
OPTION 1000 18 19 20 21 21 22 23 24 24 25 27 27 28 31 31 31 31 33 33 33 34 34 35 36 37 37 **EFFECTIVE JANUARY 1, 2009** SCHEDULE OF PREMIUMS OPTION 1000 64 & over \$527 \$544 \$564 \$584 \$584 \$605 \$627 \$627 \$627 \$627 \$627 \$637 \$773 \$773 \$773 \$773 \$777 \$803 \$777 \$803 \$777 \$803 \$777 \$803 \$777 \$803 \$777 \$803 \$777 \$803 \$777 \$803 \$777 \$1,027 \$1,107 \$1,107 \$1,107 MONTANA COMPREHENSIVE HEALTH ASSOCIATION
TRADITIONAL PPO PLAN **EFFECTIVE JANUARY 1, 2009** SCHEDULE OF PREMIUMS **OPTION 2500** OPTION 2500 64 & over

premiums payable. When your age changes (e.g., turn 50), your rates will be increased to the next band at the next rate renewal Premiums for the single Policyholder are payable according to the above schedule. The age of the Policyholder determines the increase. Rates are subject to change each January.

18 - 65 and over

To determine your premium, find the correct age band. Your age band is your age as of January 1, 2009

MONTANA COMPREHENSIVE HEALTH ASSOCIATION TRADITIONAL <u>PPO</u> PLAN OPTION 5000 SCHEDULE OF PREMIUMS

EFFECTIVE JANUARY 1, 2009 PPO OPTION 5000

MONTANA COMPREHENSIVE HEALTH ASSOCIATION TRADITIONAL <u>PPO</u> PLAN OPTION 7500 SCHEDULE OF PREMIUMS

MONTANA COMPREHENSIVE HEALTH ASSOCIATION TRADITIONAL <u>PPO</u> PLAN OPTION 10000 SCHEDULE OF PREMIUMS

EFFECTIVE JANUARY 1, 2009

PPO OPTION 7500	EFFECTIVE JANUARY 1, 2009
PPO OPTION 10000	EFFECTIVE JANUARY 1, 2

40	34	بر م	<u>د</u> ۲	36	ئ ب	34	ب د د	32	د د ا	3	29	28	2/	25	2.5	24	2.6	22	21	2 2	3 4	à -	0-17	Age
\$295	5286	\$2/6	8975	\$261	\$255	\$249	\$244	\$237	\$233	\$228	\$224	\$218	\$214	\$212	\$217	\$209	\$20/	\$206	\$205	\$204	\$203	\$202	\$123 \$323	Premium
64 & over	63	62	61	8	59	5	57	56	55	54	5	52	1 5	50	49	&	47	i &	. 4 5	44	: 4	; 4 2	; 4	Age
\$655	\$648	\$638	\$615	\$593	\$571	\$550	\$530	\$512	\$496	\$480	\$463	\$448	\$433	\$417	\$402	\$389	\$375	\$362	\$350	\$337	\$326	\$314	\$305	Premium
40	39	38	37	36		34	ະພ	32	31	30	29	28	27	26	25	24	23	22	21	20	19	-	0-17	Age
\$244	\$236	\$229	\$221	\$216	\$211	\$206	\$201	\$197	\$192	\$189	\$185	\$181	\$177	\$176	\$174	\$17 3	\$171	\$170	\$169	\$168	\$167	\$167	\$102	Premium
64 ft over	63	62	61	60	59	58	57	56	55	54	53	52	51	50	49	48	47	4	45	4	43	42	41	Age
\$542	\$535	\$528	\$509	\$490	\$472	\$455	\$439	\$424	\$410	\$397	\$383	\$371	\$358	\$345	\$333	\$321	\$310	\$299	\$289	\$279	\$269	\$260	\$251	Premium
40	39	38	37	36	35	34	33	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	0-17	Age
\$211	\$204	\$198	\$191	\$187	\$183	\$178	\$174	\$170	\$166	\$163	\$160	\$156	\$153	\$152	\$151	\$150	\$148	\$147	\$146	\$146	\$145	\$144	\$88	Premium
64 ft over	63	62	61	60	59	58	57	56	55	54	ភ	52	51	50	49	48	47	4	45	4	2 3	42	41	Age
\$468	\$463	\$457	\$440	\$424	\$408	\$394	\$379	\$367	\$355	\$343	\$331	\$320	\$309	\$298	\$288	\$278	\$268	\$259	\$250	\$241	\$233	\$225	\$217	Premium

Premiums for the single Policyholder are payable according to the above schedule. The age of the Policyholder determines the premiums payable. When your age changes (e.g., turn 50), your rates will be increased to the next band at the next rate renewal increase. Rates are subject to change each January.

To determine your premium, find the correct age band. Your age band is your age as of January 1, 2009.

MONTANA COMPREHENSIVE HEALTH ASSOCIATION PORTABILITY INDEMNITY PLAN OPTION 1000

MONTANA COMPREHENSIVE HEALTH ASSOCIATION PORTABILITY PPO PLAN OPTION 1000

SCHEDULE OF PREMIUMS

MONTANA COMPREHENSIVE HEALTH ASSOCIATION PORTABILITY <u>PPO</u> PLAN OPTION 2500

SCHEDULE OF PREMIUMS

EFFECTIVE JANUARY 1, 2009 \$1,000 DEDUCTIBLE

EFFECTIVE JANUARY 1, 2009 \$2,500 DEDUCTIBLE

SCHEDULE OF PREMIUMS

) D E	FFECTIVE JANUAR \$1,000 DEDUC	~	009		EFFECTIVE JANUARY 1, 2009 \$1,000 DEDUCTIBLE	UARY 1, 200 DUCTIBLE)9 Broming	.		EFFECTIVE JAN \$2,500 DEL	E JANUARY 10 DEDUCTII
Age 0-17	Premium \$255	Age 41	Premium \$631	Age 0-17	Premium \$225	Age 41	Premium \$553		Age 0-17	Age Premium 0-17 \$154	
æ ;	\$419	42	\$652	18	\$368	42	\$572		18		\$15 1 \$251
19	\$420	2 3	\$675	19	\$369	43	\$592		19		\$252
20	\$422	44	\$700	20	\$371	4	\$614			20	20 \$253
21	\$425	45	\$725	21	\$373	45	\$636			21	21 \$255
22	\$427	46	\$751	22	\$375	46	\$659			22	22 \$257
23	\$430	47	\$779	23	\$378	47	\$6	83		23	23 \$259
24	\$435	48	\$806	24	\$381	48	ķ	708		24	24 \$261
25	\$438	49	\$836	25	\$384	49	❖	733		25	25 \$263
26	\$441	50	\$867	26	\$387	50	↔	760		26	26 \$265
27	\$444	51	\$898	27	\$391	51	40	788		27	27 \$267
28	\$454	52	\$931	28	\$398	52	4٨	816		28	28 \$272
29	\$463	53	\$963	29	\$406	53	s	844		29	29 \$279
30	\$473	54	\$996	30	\$416	54	\$8	74		30	30 \$284
31	\$483	55	\$1,030	31	\$424	55	\$9(ຘ		31	31 \$290
32	\$494	56	\$1,065	32	\$433	56	\$9:	35		32	32 \$297
ည	\$505	57	\$1,101	33	\$4 4 3	57	9	66		33	33 \$303
34	\$518	58	\$1,143	34	\$455	58	\$1,0	203		34	34 \$311
ၾ	\$530	59	\$1,186	35	\$465	59	\$1,0	041		35	35 \$318
36	\$542	60	\$1,231	36	\$476	60	\$1,	080		36	36 \$325
37	\$556	61	\$1,278	37	\$487	61	₹.	,121		37	37 \$334
38	\$574	62	\$1,327	38	\$503	62	ş	, 163		38	38 \$345
39	\$592	63	\$1,344	39	\$520	63	ş.	,179	,179 39	39	39 \$356
6	\$612	64 &	\$1,361	40	\$537	64 &	\$1	,193	,193 40	40	40
		over				over					over

Premiums for the single Policyholder are payable according to the above schedule. The age of the Policyholder determines the premiums payable. When your age changes (e.g., turn 50), your rates will be increased to the next band at the next rate renewal increase. Rates are subject to change each January.

To determine your premium, find the correct age band. Your age band is your age as of January 1, 2009.

MONTANA COMPREHENSIVE HEALTH ASSOCIATION PORTABILITY PPO PLAN OPTION 5000

MONTANA COMPREHENSIVE HEALTH ASSOCIATION PORTABILITY PPO PLAN OPTION 7500

MONTANA COMPREHENSIVE HEALTH ASSOCIATION PORTABILITY PPO PLAN OPTION 10000

EFFECTIVE JANUARY 1, 2009 SCHEDULE OF PREMIUMS

\$5,000 DEDUCTIBLE

EFFECTIVE JANUARY 1, 2009 \$7,500 DEDUCTIBLE

SCHEDULE OF PREMIUMS

EFFECTIVE JANUARY 1, 2009 SCHEDULE OF PREMIUMS

18 20 21 21 22 22 23 24 24 33 33 34 34 35 36 37	Age 0-17	
\$214 \$215 \$216 \$217 \$218 \$221 \$223 \$223 \$223 \$223 \$237 \$243 \$253 \$253 \$259 \$259 \$272 \$272 \$272 \$272 \$273 \$273	Premium \$131	\$5,000 DE
55 55 55 55 55 55 55 55 55 55 55 55 55	Age 41	DUCTIBLE
\$334 \$347 \$358 \$372 \$372 \$414 \$414 \$414 \$527 \$546 \$556 \$608 \$631 \$655 \$689	Premium \$323	
18 20 21 22 22 23 24 24 33 33 33 34 34 35 36 37 37 38 38 38 38 38 38 38 38 38 38 38 38 38	Age 0-17	
\$170 \$177 \$173 \$173 \$174 \$175 \$176 \$177 \$180 \$180 \$180 \$181 \$189 \$189 \$189 \$189 \$197 \$201 \$211 \$221 \$221 \$221 \$221 \$224 \$224		\$7,500 [
42 43 44 44 44 45 47 47 48 47 48 48 48 48 48 48 48 48 48 48 48 48 48	Age 41	\$7,500 DEDUCTIBLE
\$265 \$275 \$275 \$305 \$317 \$317 \$352 \$352 \$352 \$353 \$405 \$405 \$448 \$405 \$448 \$405 \$448 \$405 \$448 \$405 \$448 \$405 \$448 \$405 \$448 \$405 \$405 \$405 \$405 \$405 \$405 \$405 \$405	Premium \$257	
	_ .	
10 20 20 21 22 22 22 23 24 30 31 31 33 33 34 33 36 36	Age)-17	
\$147 \$147 \$155 \$155 \$155 \$155 \$165 \$165 \$177 \$165 \$177 \$165 \$177 \$165 \$177 \$177 \$177 \$177 \$177 \$177 \$177 \$17	Premium \$89	\$10,000 DEDUCTIBLE
55 55 55 55 56 56 56 56 56 56 56 56 56 5	Age 41	DUCTIBLE
\$228 \$228 \$224 \$224 \$225 \$226 \$226 \$337 \$337 \$337 \$337 \$337 \$337 \$337 \$347 \$34	Premium \$221	•

Premiums for the single Policyholder are payable according to the above schedule. The age of the Policyholder determines the premiums payable. When your age changes (e.g., turn 50), your rates will be increased to the next band at the next rate renewal increase. Rates are subject to change each January.

To determine your premium, find the correct age band. Your age band is your age as of January 1, 2009.

MONTANA COMPREHENSIVE HEALTH ASSOCIATION PPO PREMIUM ASSISTANCE PROGRAM SCHEDULE OF PREMIUMS

EFFECTIVE JANUARY 1, 2009

\$1,000 DEDUCTIBLE 45% SUBSIDY

				4	39	38 8	37	36	35	34 4	33	32	3 1	30	29	28	27	26	25	24	23	22	21	20	19	18	17	٩	Age
18-64	Age	Medicare		80.5	272.2	263.4	255.	249.	\$243.10	238.	232.	226.		217.	212.	208.	204.	202.	200.	199.	197.	195.	_	194.1	5	192.5		\$117.15	Premium
	_	Carveo	over	64 &	63	62	61	60	59	58	57	56	55	<u>5</u> 4	53	52	51	50	49	4 8	47	4	£	4	4 3	42	:	41	Age
\$3.55 \$89.10	Premium	let.		\sim	617.	608.8	586.8	564.8	544.5	524	505.	488.	\$472.45	\$457.05		27.	412	397.	83.	370.	357.	344	332.	321.2	\$310.20	299.2		\$289.85	Premium

band at the next rate renewal increase. Rates are subject determines the premiums payable. When your age changes (e.g., turn 50), your rates will be increased to the next Premiums for the single Policyholder are payable according to the above schedule. The age of the Policyholder 18-64 \$89.10

To determine your premium, find the correct age band. (Your age band is your age as of January 1, 2009) Your premium will be subsidized 45%.

to change each January.

MCHAPREMPROGRAM.09/MKT

MONTANA COMPREHENSIVE HEALTH ASSOCIATION PPO PREMIUM ASSISTANCE PROGRAM SCHEDULE OF PREMIUMS

EFFECTIVE JANUARY 1, 2009

\$1,000 DEDUCTIBLE 45% SUBSIDY

				46	39	38	37	36	35	3 4	33	32	<u>~</u>	30	29	28	27	26	25	24	23	22	21	20	19	18	17	٩	Age
0-17 18-64	Age	Medicare		80.5	272.2	263.4	255.2	49.1	\$243.10	238.1	232.1	226.	-	217.	212.	208.	204.	202.	8	199.	197.	195.8	195.	194.1	193.0	192.5		\$117.15	Premium
	70	Carveout	over	64 &	63	62	61	60	59	58	57	56	55	54	53	52	51	50	49	48	47	46	4 5	4	2 3	42	. ;	4	Age
33.55 \$89 10	Premium	Ē		2	617.	6	586.	64.		\$524.70		\$488.40	\$472.45	ö			12.5	97.6		70.1	57.5	44.8	32.7	2	10.2	99		\$289.85	Premium

18-64	0-17	Age	
\$89.10	33.55	Premium	

Premiums for the single Policyholder are payable according to the above schedule. The age of the Policyholder determines the premiums payable. When your age changes (e.g., turn 50), your rates will be increased to the next to change each January. band at the next rate renewal increase. Rates are subject

To determine your premium, find the correct age band. (Your age band is your age as of January 1, 2009) Your premium will be subsidized 45%.

MCHAPREMPROGRAM.09/MKT

MONTANA COMPREHENSIVE HEALTH ASSOCIATION PPO PREMIUM ASSISTANCE PROGRAM SCHEDULE OF PREMIUMS

EFFECTIVE JANUARY 1, 2009

\$1,000 DEDUCTIBLE 45% SUBSIDY

				8	39	38	37	36	35	34 4	ည	32	<u>~</u>	30	29	28	27	26	25	24	23	22	21	20	19	1 2	17	9	Age
0-17 18-64	Age	Medicare				63	55	49	ξ.	38.1	32.1	26.6	21.6	17	12	\$208.45	2	202.	200.7	199.	197.	195.8	195.2	4.	193.0	9		\$117.15	Premium
	D	Carveout	over		ఓ	62	61	60	59	58	57	56	55	54	53	52	51	50	49	48	47	4	4 5	4	&	42		41	Age
33.55 \$89.10	Premium	IĘ.		24	617.1	608.8	586.8	564.8	544.5	524.	\$505.45		\$472.45		441.6	\$427.35	412.5	397.6	383.3	370.1	357.5	344.8	332.		310.2	\$299.20		\$289.85	Premium

18-64	0-17	Age	Medical
\$89.10	33.55	Premium	Menical & Cal Acont

Premiums for the single Policyholder are payable according to the above schedule. The age of the Policyholder determines the premiums payable. When your age changes to change each January. band at the next rate renewal increase. Rates are subject (e.g., turn 50), your rates will be increased to the next

premium will be subsidized 45%. To determine your premium, find the correct age band. (Your age band is your age as of January 1, 2009) Your

MCHAPREMPROGRAM.09/MKT